MacIntyre Care

MacIntyre Hampshire Supported Living

Inspection report

Unit 304
Solent Business Centre, Millbrook Road West
Southampton
Hampshire
SO15 0HW

Tel: 02381789672
Website: www.macintyrecharity.org

Date of inspection visit:
19 September 2018
20 September 2018

Date of publication:
29 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 19 and 20 September 2018 and was carried out by one inspector.

MacIntyre Hampshire Supported Living provides care and support to people living in 15 different 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

At the time of the inspection the service was supporting 37 people with their personal care needs. The service supported people living with learning disabilities, autistic spectrum disorder, physical disability, sensory impairment, older people and younger adults. The levels of support provided varied. Some people had complex health and social care needs and required 24-hour care, whilst others received support from an outreach service.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by seven front line managers who were referred to as heads of service.

People were consistently protected from avoidable harm, neglect, abuse and discrimination. Staff ensured the human rights of people who lacked a voice, were upheld and respected.

Risks to people's safety had been identified and management plans gave staff the required guidance to mitigate these risks. Staff delivered safe care in line with people's risk assessments.

Regular staffing needs analyses ensured there were always enough suitable staff deployed, with the right mix of skills to deliver care and support to meet people's needs safely. Staff underwent robust pre-employment checks to assess their suitability to support people using the service.

People received their prescribed medicines consistently and safely, from staff who had been trained and had their competency to do so assessed regularly. Staff supported people to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection.

The provider enabled staff to develop and maintain the required skills to meet people's needs. Staff applied their learning effectively in accordance with best practice, which led to good outcomes for people's care and support and promoted their quality of life.

People were supported to have enough to eat and drink to protect them from the risks associated with malnutrition. Where required people were supported to eat and drink safely to avoid the risk of choking.

Staff understood the importance of food safety and prepared and handled food in accordance with required standards.

The service had clear systems and processes for referring people to external healthcare services, which were applied consistently, and had a clear strategy to maintain continuity of care and support when people transferred services.

People and relatives were involved in decisions about their health and encouraged to make choices, in line with best interest decision-making. People's human rights were consistently protected by staff who understood the need to seek lawful consent and followed the Mental Capacity Act 2005 (MCA) legislation and guidance.

People were treated with kindness and compassion by staff who supported people to express their views and be actively involved in making decisions about their care as far as possible. Staff noticed when people were in discomfort or distress and took swift action to provide the necessary care and reassurance. People were consistently treated with dignity and respect and without discrimination.

People had the opportunity to give feedback about their experiences and knew how to raise any concerns or make a complaint. The registered manager used the learning from complaints and concerns to drive improvement in the service.

Staff sought accessible ways to communicate with people when their protected and other characteristics under the Equality Act made this necessary to reduce or remove barriers. People's protected characteristics were taken into consideration when developing their care plans.

People were provided with the opportunity to discuss and record any advanced decisions and end of life wishes.

The service was consistently well-managed and led. The provider had a clear vision for all people with a learning disability to live a life that makes sense to them, an ethos which staff had embraced in their day to day care delivery.

Quality assurance arrangements were robust and identified potential concerns and areas for improvement. The provider's systems effectively managed identified risks to the quality of the service.

The registered manager and staff had a clear understanding of equality, diversity and human rights, and they prioritised safe, high-quality, compassionate care.

The service had a collaborative approach to working with other stakeholders and organisations to improve care practice and outcomes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm and abuse by staff who had been trained and understood the action required to keep people safe.

Risks specific to each person had been identified, assessed, and actions implemented to mitigate them.

The registered manager completed robust pre-employment checks and a staffing needs analysis to ensure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were supported to manage their medicines safely, by staff who had completed relevant training and had their competency assessed regularly.

Is the service effective?

Good

The service was effective.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

Is the service caring?

Good

The service was caring.

People were consistently treated with kindness and compassion.

Staff supported people to express their views and be actively involved in making decisions about their care.

People were treated with dignity and respect at all times and without discrimination.

Is the service responsive?

Good

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were provided with regular opportunities to make decisions about their preferences for end of life care.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture that was person-centred, open, and empowering, which achieved good outcomes for people.

The registered manager operated effective quality assurance systems, which identified and managed risks safely.

The provider collaborated effectively with key organisations and agencies to support care provision and service development.

MacIntyre Hampshire Supported Living

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 19 and 20 September 2018 and was carried out by one inspector. The inspection was announced which, means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us. On 19 September 2018 we completed a site visit at the service registered office then followed this with visits to three supported living settings later that day and on 20 September 2018.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with 12 people using the service, some of whom had limited verbal communication, and two relatives. We used a range of different methods to help us understand the experiences of people using the service, who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of six people.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the

registered manager, three heads of service, two deputy heads of service, two office administrators, a project start up manager, the service audit and standards officer, and twelve staff, including four seniors and one agency staff. We spoke with three health and social care professionals who supported the service.

We reviewed 12 people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at ten staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering August and September 2018, health and safety audits, medicine management audits, infection control audits, service improvement plans, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives and staff comments were used to drive improvements in the service.

This was the first inspection since the service changed its legal entity in July 2017.

Good

Is the service safe?

Our findings

People experienced care that met their needs and made them feel safe. Staff had developed meaningful and trusting relationships with people that helped to keep them safe. People consistently told us they felt safe and were protected from harm and abuse by staff. One person told, "This is the first place I have felt safe and happy and I want to stay here." Another person told us, "[Named staff] are very good at talking to me. When I am worried I just talk to them and they take care of it." People consistently reported that the management team and staff had created safe, friendly environments where people and staff provided support and reassurance to one another.

People and staff were actively encouraged and empowered to raise their concerns and to challenge risks to people's safety. For example, at the time of our inspection one person was being supported by staff to reflect on an incident they experienced whilst accessing the community independently. This was to assess whether their risk assessment needed to be reviewed.

People were consistently protected from avoidable harm, neglect, abuse and discrimination. For example, one person was being supported to voice their concerns about their experience whilst attending a day centre.

Staff had completed the provider's required training and understood their responsibilities to safeguard people. Staff could explain how they ensured the human rights of people who lacked a voice were upheld and respected.

Staff performance relating to unsafe care was recognised and responded to effectively. Lessons learned were shared and applied in practice. When concerns had been raised, for example; altercations between people using the service, the provider had carried out thorough investigations, in partnership with local safeguarding bodies. The registered manager had made appropriate notifications of such events to us, when required.

Risks to people's safety had been identified and management plans gave staff necessary guidance to mitigate these risks. Where people were subject to restrictions to reassure and keep them safe, these were minimised to promote people's freedom. For example, people were supported to access the community and engage in activities safely because staff were risk aware and managed identified risks effectively.

Staff understood people's risk assessments and the action required to keep people safe. Throughout our inspection we observed staff deliver care in accordance with people's risk assessments, which kept them safe and met their individual needs.

Staff shared information about risks to people during shift handovers, staff meetings and one-to-one supervision, to ensure they were managed safely. During daily shift handovers we observed staff review people's changing needs and discuss action required to manage any increased risks. We observed that such action, including healthcare referrals, was taken by staff taking over.

People were protected from harm because staff understood the provider's safety systems, policies and procedures. The provider completed individual safeguarding assessments which detailed any additional measures required to protect people from harm and abuse.

Each person had an individual dependency assessment, which detailed the level of staff support required to keep them safe in any situation. Risk assessments specified the ratio of staff required to support each person. The registered manager and heads of service completed daily staffing needs analyses based on the dependency of the individuals being supported. This ensured there were always enough staff deployed, with the right mix of skills to deliver care and support to meet people's needs safely and to respond to any unforeseen events.

Staff had undergone relevant pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical role related interview before being appointed. The provider operated robust processes to assess the suitability of prospective staff to support people using the service.

The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations. Designated staff had their competency to administer medicines assessed regularly by the heads of service, to ensure their practice was safe. We observed staff administer people's medicines safely, as prescribed and in line with guidance issued by the National Institute for Health and Care Excellence.

Staff followed correct procedures to protect people with limited capacity to make decisions about their own treatment and support, when medicines needed to be given without their knowledge or consent, or when people required specialist medication.

There were appropriate systems to ensure the safe storage and disposal of medicines and additional security for specified medicines required by legislation. We observed staff supporting people to take their medicines as prescribed, by their chosen method, in a safe and respectful way, in accordance with their medicines management plans.

Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Medicines were administered by two staff members who worked as a team to ensure people had received their medicines correctly.

Staff knew the action required if an error was found, to ensure people were protected against the risks of not receiving their medicines as prescribed. People's MAR's had been correctly signed by staff to record when their medicine had been administered. Where people were prescribed medicines, there was evidence within their medicines management plan that regular reviews with medical professionals were completed to ensure continued administration was still required to meet their needs. Where people took medicines 'As required (PRN)' there was guidance for staff about their use. These are medicines which people take only when needed.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments.

We observed staff supported people to maintain high standards of cleanliness and hygiene in people's homes, which reduced the risk of infection. All staff clearly understood the provider's policies and procedures about infection control, which were up to date and based on relevant national guidance. Staff had completed relevant training in relation to infection control and food hygiene. We observed staff followed required standards of food safety and hygiene, when preparing or handling food.

Good

Is the service effective?

Our findings

Staff had received a thorough induction that provided them with the skills and confidence to carry out their role effectively. The induction programme was linked to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. New staff worked with more experienced staff to learn people's specific care needs and how to support them effectively, before being assessed by the registered manager as being competent to work unsupervised. This ensured staff had the appropriate knowledge and skills to support people effectively. A new member of staff, with experience working with other providers, told us, "This is the best company I have worked for. I feel much more supported here and the managers always make time to listen to you." Another new member of staff said, "The managers are interested in supporting staff and helping them develop."

Staff told us they had completed the provider's required training and that this had been refreshed regularly to keep their knowledge and skills up to date. The service training plan was based on people's specific needs. Where people had more complex needs staff training was developed and tailored to meet them, for example; personalised support to meet the unique needs of people living with autism and dementia.

Staff were supported to achieve additional training qualifications relevant to their roles and responsibilities, whilst all supervisory staff were supported to complete nationally recognised leadership and management courses. Staff consistently made positive comments about the support they experienced from the provider in relation to their continued professional development.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Records confirmed that staff had one-to-one regular meetings with their designated line manager. Staff consistently told us they received effective supervision, appraisal, training and support which enabled them to deliver care and support effectively. Staff told us the registered manager listened to their ideas and felt their contributions were valued and acted upon. For example, every Friday a different member of staff was nominated to phone the registered manager to give them an update about their service. Staff consistently told us that initially this caused them some trepidation but now looked forward to doing it because the registered manager was "really interested" in what they had to say, which made them feel their contribution was valued.

The registered manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had undertaken mental capacity assessments where appropriate to determine whether people could consent to specific decisions about their care and support. Staff used a restrictions checklist to identify whether the care arrangements in place amounted to a deprivation of people's liberty in order to protect

them from harm. Where this was the case, action had been taken to notify the Local Authority so that they could seek the relevant authorisations from the Court of Protection. Records demonstrated the registered manager had established an effective best interests decision process, which ensured people's human rights were protected.
We observed staff consistently seek valid consent from people by using simple questions and giving them time to respond. Staff supported people to make as many decisions as possible. People's human rights were protected by staff who understood the need and how to seek lawful consent, in accordance with MCA legislation and guidance.

Staff had consulted with people and healthcare professionals and had documented decisions taken, including why they were in the person's best interests. For example, decisions regarding whether people should undergo invasive surgical or medical procedures.

People received support which achieved their desired outcomes and promoted a good quality of life, based on the best available evidence. People, relatives and professionals consistently recognised the skill and expertise of the staff in meeting people's complex and emotional needs. Relatives and professionals said staff understood people's needs and knew how they wished to be supported.

We observed staff delivering care in accordance with people's assessed needs and guidance contained within their care plans. One person told us, "I'm so glad I moved here because the girls [staff] really care about me and know what to do when I'm poorly." Another person said, "The carers are all brilliant. They notice things before I and when I need to see the doctor."

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant dietetic professionals. Staff understood the different strategies to encourage and support people to eat a healthy diet. For example, some people were being supported to gain and maintain weight, whilst others were being supported to lose weight, in accordance with relevant professional guidance.

People consistently told us they enjoyed food that was nutritious and appetising, which provider satisfaction surveys confirmed. Staff told us they encouraged people to be involved in choosing and preparing their meals and, where appropriate, shopping for their food. Where people shared their home with others, individuals were supported to choose what they preferred to eat and drink.

There were clear systems and processes for referring people to external healthcare services, which were applied consistently. A clear strategy was in place to maintain continuity of care and support when people transferred services, for example; whenever people were admitted to hospital they were accompanied by staff. People had individual health action plans which detailed the completion of important monthly health checks. The registered manager had developed effective partnerships with relevant professionals. For example, strategies had been developed to avoid a person living with autism having to wait for their appointment in a crowded waiting room, together with other measures to reduce the person's anxieties. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

People and their representatives were involved in decisions about the decoration of their personal rooms, which met their personal and cultural needs and preferences. People told us that staff had supported them to make choices about their assistive technology and equipment. Assistive technology is any item, piece of equipment, software programme, or product system that is used to increase, maintain, or improve the functional capabilities of someone with a disability. One person praised the head of service, deputy and staff

for helping them to be able to, "Stay as independent as possible and still remain safe".

The service used technology and equipment to meet people's care and support needs and to support their independence, in accordance with their best interests. For example, one person who was visually impaired used a device to help them choose the colour of their clothes and had electrical equipment, for example a microwave, which spoke to them.

The provider had adapted the signage and decoration of premises, in accordance with good practice guidance, to help meet people's needs and promote their independence. For example, to support people living with dementia, signs that were clear and easily recognisable were placed at a height that people could easily read. The signs were in primary colours, using words and an image, which helped to make them easily distinguishable. Fixtures and fittings were used to give a strong clue as to the purpose of individual rooms. Premises had been decorated using different colours and tones to improve people's understanding of their environment. We visited one home where consideration had been given to improving the lighting and sound provision to meet the needs of people living with dementia. We saw changes had been made to people's homes, which were reflective of their personal tastes and reminiscent of happy times in their life, to reassure them and help them recognise and accept their environment.

Good

Is the service caring?

Our findings

People and relatives consistently praised the caring and attentive nature of the staff. One relative told us, "The carers are so dedicated to giving everyone the best chance to enjoy their lives to the full." Another person told us, "The girls [staff] are not just carers, they are my best friends and have made my life so much happier. I couldn't wish for more."

Staff spoke about people fondly, recognising their achievements with pride and passion, which demonstrated how they valued them as individuals. Relatives praised the dedicated, caring nature of staff, which had enabled their loved ones to have the opportunity to lead an independent fulfilling life. One family member told us, "The caring staff is the key. They just want what is best for [their loved one] and will do anything to make her happy."

We observed staff consistently treated people in a compassionate and caring way, according to their individual needs. One person told us, "They [staff] are so gentle and take such care when they are helping me to move." Another person said, "The ladies [staff] are naturally caring and you can tell they want to help you and that makes you feel you are not a burden." Another person told us, "Since moving here I have been so happy because [Named managers and staff] have helped me do so much to become independent that I couldn't do before. I never want to leave here as I am happy and doing so much." This person continued to say, "They give me confidence to do things and reassure me when I'm worried. If I want to do something they always encourage me to do it, which has never happened anywhere else.

Staff knew people well, which enabled them to anticipate their needs and quickly recognise if they were in distress or discomfort. We observed staff consistently demonstrate concern for people's wellbeing in a caring and meaningful way, whilst responding promptly to their needs. For example, the prompt administration of pain relief or support to move when they were uncomfortable.

The registered manager and staff had cultivated a caring community within the supported living services, where staff, people and relatives treated one another with respect and empathy. Relatives consistently reported the registered manager and staff had invested time developing caring and trusting relationships with their loved one and their families.

New staff members described colleagues and managers as excellent role models who had supported them to develop their own relationships with people. People experienced positive relationships with staff who worked as a team to develop people's trust and confidence.

We observed staff deliver people's care in a calm unhurried manner, which inspired confidence and reassured them. Staff clearly understood people's non-verbal communication systems and continually engaged people in two-way conversations about things that were important to them, such as their families, which made them feel valued.

Prior to moving into one of the supported living settings, one person consistently told their family that they

had no friends. This person told us that since moving into their new home they had developed new friends which had enriched the quality of their life. Documentation we reviewed demonstrated how this person now told her family that she "Has real friends and loves sharing stories of how she has had dinner with them, goes to the pub with her friends and shares her love of DVDs and shopping with her friends."

Staff spoke with affection about people, their life stories, their likes and dislikes, as well as their care and support needs. We observed staff consistently make time to sit and have a chat with them.

The registered manager completed rotas and implemented other practical arrangements to enable staff to have the time to listen to people and their families and involve them in their care decisions. People's emotional needs were understood and supported by compassionate staff. For example, preferred staff were always rostered to support people at times where they may need more reassurance or be emotionally distressed.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. The registered manager and supported living managers completed supervisions and competency assessments to ensure people experienced care which respected their privacy and dignity, whilst protecting their human rights.

Staff consistently supported people to move in accordance with their moving and positioning plans. We observed and heard staff providing reassuring information and explanations to people, whilst delivering their care. When people were being supported to move, staff engaged in day to day conversation with people which put them at ease, whilst also providing a commentary about what they were doing to reassure them.

Staff used people's preferred names and approached them in a friendly, professional manner, which placed them at ease. When medicines were administered staff checked people were happy to receive them and explained what they were for. We observed one person ask if they could have their medicines later. Staff returned a short time later, when the person happily took their medicines.

Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

Where people had specific or complex requirements, in relation to their individual communication needs, these were embraced and delivered by staff in a caring manner. Where people had limited verbal communication staff ensured they were provided with explanations in accordance with their support plans, which we observed in practice.

People consistently told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. People responded to staff with smiles or by touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Where necessary, staff used gentle touch to enable people to focus on what was being discussed.

Staff knew the level of support each person needed, especially what aspects of their care they could do themselves. Staff clearly understood how to support people with their independence, whilst ensuring they were safe. For example, how to support people with their personal care, in the way they preferred.

During the inspection we observed staff consistently intervene in a sensitive manner to promote and respect people's dignity. For example, discreetly supporting people to rearrange their clothing when required. Staff compassionately promoted people's dignity and independence.

Care plans demonstrated that people were involved in the planning and reviewing of their care. This was confirmed by relatives and professionals, who consistently told us they experienced good communication with staff who kept them fully informed and involved in the care review process. Detailed guidance in care plans ensured staff supported people to make choices about their individual care, for example; choices in relation to their activities, clothing and meals.

Confidentiality, dignity and respect formed a key part of the induction training for all staff. Confidential information, such as care records and staff files, were kept securely within the supported living manager's office and only accessed by staff authorised to view it.

Good

Is the service responsive?

Our findings

People consistently told us they experienced care that was flexible and responsive to their individual needs and preferences. Care plans were person centred to fully reflect people's physical, emotional and social needs. Staff told us care plans contained the required information that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly which ensured staff were enabled to meet and respond to people's changing needs and wishes.

People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning. For example, we read one person's support plan, which had multiple amendments in red ink. The person told us they had a review meeting with the head of service and their key worker who had then sent the revised care plan for their consideration. The person showed us how their assistive technology read the plan to them and how they then applied their revisions in red. Until the required amendments were made staff understood instructions in red were the person's wishes and choices.

Care plans focussed on the needs of each person, including information about people's health needs, medicines; communication, positive behaviour support, skin integrity; nutrition; and mobility. Staff clearly understood people's needs and how they wished to receive care and support.

People's daily records were up to date and showed care was being delivered to meet people's assessed needs, in accordance with their care plans. Staff understood the care and support required by each person. For example; staff knew which people needed support with autism and how to meet their unique needs effectively.

People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed infections. Where aspects of people's health was being monitored, records demonstrated that staff responded quickly when required. For example, staff took appropriate action in response to pressure area management and foot care.

People and those lawfully authorised to act on their behalf, were fully involved in the planning of their care and support. Relatives, care managers and commissioners of people's care consistently told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics, as part of the planning process and provisions had been made to support each individual. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics'.

Care plans showed people's individual religious beliefs and preferences had been considered. For example, the provider successfully sought additional funding to support a person to regularly attend their preferred

place of worship, to promote their spiritual well-being.

The provider supported another person to successfully challenge their allocated mobility mileage allowance. The approved increase has resulted in the opportunity for the person to engage in more stimulating activities. Records demonstrate that this had had a significant positive impact on their general well-being. One person who lived with a visual impairment was being supported by staff with an imaginative strategy to increase their independent access to the community. One person who lived with autism was being supported by staff to increase their access to the community, by strategies to reduce their anxieties in relation to enclosed spaces.

Staff challenged others, including healthcare professionals, who did not apply human rights principles when engaging with individuals using the service. For example, staff strongly advocated for people to ensure that they were treated with dignity and had their human rights respected.

Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. Staff were risk aware and promoted people's safe participation in stimulating and therapeutic activities.

Staff actively encouraged social contact, companionship and supported people to maintain relationships that mattered to them, such as family, community and other social links. For example, staff supported the development of friendships between the people living in the different supported living settings. People were protected from the risk of social isolation and loneliness, by staff communicating and working effectively in partnership with families and representatives.

There were regular opportunities for people and staff to feed back any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed regular satisfaction surveys and held quarterly forums for people, families and staff.

People and their relatives knew how to complain. People and relatives told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life. Staff were aware of the provider's complaints policy but consistently told us the registered manager encouraged them to use their initiative and proactively resolve problems as soon as they were raised to prevent them escalating.

The registered manager valued concerns and complaints as an opportunity for driving improvement within the service. Where complaints highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff underwent further training when poor practice had been identified.

At the time of inspection no-one living in the supported living settings required end of life care. However, people were regularly provided with the opportunity to discuss any advanced decisions and end of life wishes.

The service ensured that people and their representatives had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard, for example people with an audio/visual impairment were supported with relevant assistive technology. The Accessible Information Standard is a framework making it a legal requirement for all providers to ensure people with a

disability or sensory loss can access and understand information they are given. For example, we reviewed the comprehensive communication plan of a person who experienced profound sensory loss, which provided staff with clear guidance to meet this standard. We observed staff effectively speak with one person using a communication board.

Good

Is the service well-led?

Our findings

People, staff and professionals consistently told us the service was well managed. One person told us, "The managers here are very good because they listen to you and always try to make things better." One professional told us the management team listened to and effectively implemented their guidance.

People and their relatives consistently told us that they trusted the registered manager and their management team and felt confident to express their views and concerns. Families consistently made positive comments about the registered manager and staff's devotion to people. One person told us the head of service and their deputy were a "Great team" and "Always there" when you needed them.

The provider and management team had created an open, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values focussed on treating people as individuals and promoting their independence. We observed staff consistently demonstrating these values whilst delivering care to people with dignity and respect. Staff could explain the provider's vision, which was for all people with a learning disability to live a life that makes sense to them.

Staff consistently told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued. Three heads of service told us the registered manager inspired trust and confidence in them and was always available if they needed advice or guidance. Staff consistently told us the registered manager was very approachable and always made time to talk with them. One member of staff told us their head of service had created a family atmosphere where people and staff treated people with respect. One staff told us, "You can go to them [management team] with anything and you know they will support you."

There was a clear management structure within the service. Staff understood their roles and responsibilities and had confidence in the management team who frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the management team readily recognised and thanked them for their good work. Rotas demonstrated there was always a designated manager available out of hours.

During our inspection we observed the registered manager and their heads of services consistently provide good leadership in relation to unexpected events, for example; the provision of advice in relation to the support required for a person who was feeling unwell and another who was experiencing increased anxiety.

People told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent manner. Two staff told us their respective heads of service had provided sensitive understanding and support to them at times when they were experiencing emotional distress.

The provider had suitable arrangements to support the registered manager, for example through regular meetings, which also formed part of their quality assurance process. The registered manager told us they

had received excellent support from the provider since their appointment.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. The registered manager had identified that the service would benefit from some form of independent quality assurance. In response the provider appointed an audit and standards officer. The audit and standards officer completed regular audits to inform the provider's performance monitoring processes but also undertook analysis in relation to concerns identified by the registered manager.

Staff completed a series of quality audits including care files, health and safety, fire management Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service, for example; the registered manager and heads of services were in the process of updating all care plans to make them more person-centred.

The provider sought feedback to improve the service using a variety of different methods. People and their families told us they were given the opportunity to provide feedback about the culture and development of the service in home meetings. People consistently told us the registered manager and heads of service listened to their concerns and quickly took action to resolve them.

Accidents and incidents were effectively logged by staff and reviewed by designated managers. This ensured the provider's accountability to identify trends and manage actions appropriately to reduce the risk of repeated incidents was fulfilled. The registered manager and other managers effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. The service had clear systems and processes for referring people to external healthcare services, which were applied consistently, and had a clear strategy to maintain continuity of care and support when people transferred services.